

Program F: LSU Health Sciences Center HCSD - W.O. Moss Regional Medical Center**OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2002-2003. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document.

DEPARTMENT ID: 19E LSU Health Sciences Center
 AGENCY ID: 610 Health Care Services Division
 PROGRAM ID: F: W. O. Moss Regional Medical Center

1. (KEY) To operate consistently with HCSD's dual mission to provide quality medical care while serving as the state's classroom for medical and clinical education. To continue to provide professional, quality, acute general medical and specialty services to patients in the hospital and maintain the average length of stay of 5.6 days for patients admitted into the hospital.

Strategic Link: To provide access to high quality medical care in developing medical/clinical manpower through accredited residency and other health education programs and operate efficiently, cost effectively and cooperatively with other health care providers and agencies to improve health outcomes and achieve our objectives.

Louisiana: Vision 2020 Link: Not applicable.

Children's Cabinet Link: W.O. Moss Regional Medical Center provides multiple services targeted at the pediatric and adolescent population. Programs, clinics, and services include Women/Infants/Children program, Kid Med Clinic, ADHD Clinic, General Pediatric Clinic Sickle Cell Anemia Clinic, and Pediatric Cardiology Clinic. The preceding list may not be all inclusive.

Other Link(s): Not applicable.

Explanatory Note: W.O. Moss Regional Medical Center is classified for comparative purposes as a non-teaching facility. However, the facility does participate in clinical rotations for nursing students.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
S	Number of staffed beds ¹	54 ²	54	50	50	50	51
K	Average daily census ³	39	37	37	37	37	32
K	Emergency department visits	41,149	38,514	35,883	36,514	36,514	32,074
K	Total outpatient encounters ⁴	103,699	102,800	96,946	102,600	102,600	90,124
S	Average length of stay for psychiatric inpatients ⁵	9.3	9.3	9.3	9.3	9.3	9.3
K	FTE staff per patient (per adjusted discharge) ⁶	5.8 ⁷	6.5	5.0	6.4	6.4	6.4
S	Average length of stay for acute medical/surgery inpatients ⁸	5.0	5.0	5.0	5.0	5.0	5.0
K	Cost per adjusted discharge ⁹	\$4,578	\$4,908	\$4,062	\$4,826	\$4,826	\$5,485
K	Readmission rate ¹⁰	7%	10%	10.5%	10.5% ¹¹	10.5%	10.5%
K	Patient satisfaction survey rating ¹²	76%	88%	85% ¹³	85%	85%	85.0%

¹ Staffed beds are defined as all adult, pediatric, neonatal intensive care unit, intensive care unit, and psychiatric beds set up and in-service for inpatients on a routine basis. Furthermore, staffed beds do not in bassinets.

² This performance indicator was previously reported as "number of available beds." For future reporting years, this performance indicator will be reported as "number of staffed beds." This calculation reflects the number of beds that are set up, staffed, and ready for use.

³ In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high-demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand.

⁴ Total outpatient encounters for fiscal year 2002 was reported as a supporting performance indicator.

⁵ This performance indicator did not appear under Act 11 and therefore had no performance standard for FY 2000-2001.

⁶ FTE's exclude contract and civil service physicians.

⁷ Number of staff per patient for fiscal year 2002 was reported as a supporting performance indicator.

⁸ This performance indicator did not appear under Act 11 and therefore had no performance standard for FY 2000-2001.

⁹ There is great diversity in the level and volume of services provided at medical centers. There is a cost differential inherent in the proportion of primary (non-emergent outpatient care) and secondary services (inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, add another level of costs that need to be factored in the comparison. Furthermore, six of the nine hospitals under HCSD operation are providing a hospital based medical education, which must also be considered when comparisons for cost per adjusted discharge are made. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible to get a sense of how well each hospital is functioning. The HCIA 2001 Sourcebook states the median cost per adjusted discharge for non teaching hospitals is \$4,706. Note the HCIA Sourcebook reflects a standard for 1999, which was adjusted for 2000 by the medical care inflation rate of 4.2% and through 5/01 a medical care inflation rate of 4/6% to bring the 2001 adjusted CAD to \$5,128.

¹⁰ Readmission is defined as total planned and unplanned readmissions for any diagnosis within 32 days.

¹¹ Readmission rates are calculated by using computerized patient billing records. These records cannot reliably determine readmission rates for same diagnosis. However, readmission for any diagnosis can be accurately obtained, which caused the readmission modification noted above. Therefore, the 2001 performance standard is understated at 7%.

¹² Patient satisfaction survey rating for fiscal year 2002 was reported as a supporting indicator.

¹³ HCSD is adopting a performance level that will be consistent throughout all facilities.

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2. (KEY) To continue the system-wide development of and increased participation in the current disease management initiatives with the expectation of significant per patient cost avoidance attributed to prevention of complications associated with these conditions. To enroll at least one-third of the eligible diagnosed diabetic, asthmatic, HIV+ and high risk congestive heart failure patients in the Health Care Services Division system into disease management protocols.

Strategic Link: To ensure health care effectiveness with an emphasis on preventive and primary care.

Louisiana: Vision 2020 Link: Not applicable.

Children's Cabinet Link: W.O. Moss Regional Medical Center provides multiple services targeted at the pediatric and adolescent populations. Programs, clinics, and services include Women/Infants/Children program, Kid Med Clinic, ADHD Clinic, General Pediatric Clinic, Sickle Cell Anemia Clinic and Pediatric Cardiology Clinic. The preceding list may not be all inclusive.

Other Link(s): Not applicable.

Explanatory Note: Based on the current quarterly reporting standards all data relative to hospitalization days for congestive heart failure, asthma, HIV, ER visit rate for congestive heart failure, asthma and percentage of diabetic patients with long term glycemic control shall be reported one quarter in arrears.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
K	Hospitalization days related to congestive heart failure patients ¹	Not applicable ²	Not applicable	Not applicable	Not applicable	Not applicable ⁶	Not applicable
K	ER visit rate for congestive heart failure patients ³	Not applicable ²	Not applicable	Not applicable	Not applicable	400	400
K	Hospitalization rate related to asthma patients ¹	Not applicable ²	Not applicable	Not applicable	Not applicable	400	400
K	ER visit rate for asthma patients ³	Not applicable ²	Not applicable	Not applicable	Not applicable	200	200
K	Percentage of diabetic patients with long term glycemic control ⁴	Not applicable ²	27% ⁵	Not applicable	Not applicable	40%	40%
K	Hospitalization rate related to HIV patients ¹	Not applicable ²	Not applicable	Not applicable	Not applicable	750	750

¹ Hospitalization is defined as hospitalization for any cause. The value expressed is days per 1000 patients.

² This performance indicator did not appear under Act 11 and therefore had no performance standard for FY 2000-2001 or 2001-2002.

³ A visit to the ER can be defined as a visit for any cause.

⁴ Percentage of diabetics with HbA1c less than 7.

⁵ Percentage rate is based on fourth quarter data only because it is a new indicator.

⁶ Data is not applicable for this indicator but will be available for fiscal year 03.